

Name

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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Member 1 to

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

## Maine Ethics Commission **EXECUTIVE EMPLOYEES**

2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

APR

Please file this statement with the Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. Please keep a copy of this form for your records.

NAME AND CONTACT INFORMATION

Eduard C. Kelleher	UNEMP	ologimen - LNS VARACE CORU
Department/Agency/Bureau/Division	Work Pho 423	one 6792
Me Unenydoyment Insur Mailing Address, City, ZIP 57-STATE Alouse Station Ayustonai.	ue 04333-0057	
PART 1. INCOME DERIV	ED FROM EMPLOYMENT BY AN	OTHER
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Name of Employer	Address	Principal Type of Economic Activity of Employer
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PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR LA	W PRACTICE
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B. List each source of income defined from self-amployment or produce that represents more than 10% of your press formore of 31% of your period for which you derived such income. If this direct period is present from whom the income was derived.  Name and Address of Source  Name and Address of Source  Principal Type of Economic Activity of the original part of the Source of the Income.  Name and Address of Source  Part 3. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts or homeratia. If none, check the box.  Name:  Name:  Name:  Name:  Name:  Address:  PART 4. REPORTABLE LIABILITIES  List the name of cracking for any unsecured loans of \$2,000 or more may unsecured loans of source of source of unsiness loans from regulated financial institutions. If none, check the box.  Address:  PART 4. REPORTABLE LIABILITIES  List the name of cracking for any unsecured loans of \$2,000 or more that you received during the reporting period, and list the molor cracks of accounting activity of each creditor. Do not list ordic cardior and pure received during the reporting period, and list the molor cracks of accounting activity of each creditor. Do not list ordic cardior unsection of leans, not so so campaign contributions, or business loans from regulated financial institutions. If none, check the box.  PART 5. REPORTABLE GIFTS  List the specific source of gitts received during the reporting period with an appropriate value of more than \$200. If none, theck the box.	PART 2 (continued). INCOME DERIVED FROM SEL	F-EMPLOYMENT
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PART 9. INCOME RECEI	VED BY MEMBER:	S OF IMMEDIATE FAM	LY
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